S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1953

State File No. 17376

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BILLINGS
c. LENGTH OF STAY (In this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BILLINGS 0320
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS

3. NAME OF DECEASED (Type or Print)
a. (First): WALLACE
b. (Middle): MOSS
c. (Last): SWIFT

4. DATE OF DEATH (Month) (Day) (Year): MAY 18 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 7 1878
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEPHONE EXECUTIVE
10b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE
11. BIRTHPLACE (State or foreign country): CHRISTIAN CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM SWIFT
13b. MOTHER'S MAIDEN NAME: FRANCES TURNER
14. NAME OF HUSBAND OR WIFE: LINNIE LEOTA BROWN SWIFT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 487-10-5664 ~~UNKNOWN~~
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. LINNIE LEOTA SWIFT, BILLINGS, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY, 1953, *to* MAY, 1953, *that I last saw the deceased alive on* 18 MAY, 1953, *and that death occurred at* 1:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Karl J. Leidinger Jr (Degree or title): M.D.
23b. ADDRESS: REPUBLIC, MO.
23c. DATE SIGNED: 20 MAY 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 20 1953
24c. NAME OF CEMETERY OR CREMATORY: SMART CEMETERY
24d. LOCATION (City, town, or county) (State): CHRISTIAN CO., MISSOURI

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Allene Oliver
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: John Dean Harris, Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.